proved for use through 7/31/2008, OMB 0851

Under the Pape	rhodi Reduci	ion Act of 199	S, Ro genu	DOS AM	remained to a			J.S. Peteri	land	Trademerk	Office:	u s	DEPARTM	AUU.	OMB 0651-00	
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Use Paperhook Reduction Act of 1995, no portions are required to respond to a collection of information units PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875											- 1	Agrification or Opolpal Atamber				
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APPLICATION AS FILED - PART													,			
		(Column 1) (Column 2)					SMALL ENTITY					OR OTHER IT			RITHAN	
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(\$7,CFR 1.18()4, (), or (NO)			ľ		•		7				7					
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REE		sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each					П	1			1	ı		- 1	•	
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	1 30	U.S.C. 41(a)		<u> </u>	FR 1.16(s).						i	- 1	•	ı		
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.160)							Г		Г		.	\vdash		 	——	
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If the entry in column 1 is less than the entry in column 2, write "t" in column 1. "I'm Toplact Number Provincely Paid For" IN THIS SPACE is less than 20, or "I the "Noblect Number Provincely Paid For III THIS SPACE is less than 20, or "I the "the "the "thin the									ᆫ			ADI	DT. FEE	L	.	
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The Highest Number Pserviously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

Trite collection of Information is required by 37 CFR 1.10. The information is sequired to obtain or retain a benefit by the public which is to file (and by the USFTC to precess) an explication. Confideratally is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. Including pathering, preparing, and exclusing the completed application form to the USFTC. Time will vary depending upon the including case. Any comments on the siment of time you require to complete this form and/or suggestions for reducing this lumber, should be sent to the Chief information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, cell 1-800-PTO-9189 and solect option 2.